Title: COMPLIANCE AND OUTCOMES OF 5-DAY INTRAMUSCULAR METHOTREXATE FOR LOW RISK GESTATIONAL TROPHOBLASTIC NEOPLASIA AT KIGALI UNIVERSITY TEACHING HOSPITAL, RWANDA

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Abstract

BACKGROUND: Gestational trophoblastic neoplasia (GTN) complicates approximately 8% of all premalignant gestational trophoblastic diseases and its management requires systemic chemotherapy. The present study was conducted to assess the outcome of women with low-risk GTN treated with intramuscular (IM) 5-day methotrexate at the Kigali University Teaching Hospital (CHUK) in Rwanda as well as the compliance on this methotrexate regimen in our settings.

METHODS: A retrospective cross-sectional study was conducted at CHUK, over a 2-year period, with chart review performed from September 2015 to September 2017. Data was collected through a questionnaire. Inclusion criteria were patients treated for low risk GTN with IM 5-day Methotrexate and for those who had remission, a one year follow up. Institutional Review Board approval was obtained before initiation of the study. Data analysis was done using Microsoft excel and SPSS 23. P value <0.05 was used for statistical significance.

RESULTS: Of the 44 patients (mean age=36 years) molar pregnancy preceded GTN in 90.2% of cases and 75.6% were invasive mole by combined pathology reports and clinical suspicion of invasive moles on ultrasound. Higher FIGO/WHO Score (6) and pretreatment B-HCG levels (>100,000 miu/ml) were associated with increased resistance to treatment at 26.7% and 33.3%, respectively. Pretreatment hysterectomy was associated with a decreased number of methotrexate cycles and low rate of resistance. Primary remission on 5-day IM methotrexate was achieved in 80.49% of patients, Among patients diagnosed with Low risk GTN, we recorded 3 patients (6.8%) who lost follow up along treatment course and initiation of outpatient methotrexate administration protocol has been associated with increased adherence, Stomatitis and neutropenia were the most prevalent side effects at 60.9% and 41.5%, respectively, responsible for a mean of 2.3 methotrexate cycles delayed along the treatment course.

CONCLUSION: The use of a 5-day IM Methotrexate regimen at CHUK was found to be feasible and effective in treatment of low risk GTN. However, patients with low risk GTN with a FIGO/WHO score of 6 or BhCG level of >100,000 miu/ml have high rates of resistance to MTX requiring alternate chemotherapy regimens.